

COUNCIL OF GOVERNORS

**Meeting to be held on Tuesday, 13 December 2022 at 13:30 – 15:15 at Future Inns, Bristol
Livestreamed online for public viewing**

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS	PAGE NO.
1. Preliminary Business					
1.1.	Welcome and Apologies	Information	Chair	13:30	verbal
1.2.	Declarations of Interest	Information	Chair		verbal
1.3.	Minutes of Previous Meetings: <ul style="list-style-type: none"> • 9 August 2022 • 11 October 2022 (Annual Member's Meeting) 	Approval/ Information	Chair		3 13
1.4.	Matters arising (Action Log)	Approval	Chair		19
1.5.	Chair's Report <ul style="list-style-type: none"> • Non-Executive Director Spotlight – People and Organisational Development 	Information	Chair; Non-Executive Directors	13:40	20
2. Strategic Outlook					
2.1.	Chief Executive's Report	Information	Chief Executive	14:00	verbal
2.2.	Operational Update	Information	Interim Chief Operating Officer		verbal
2.3.	Marlborough Hill Strategic Outline Case	Approval	Executive Managing Director (Weston)		24
3. Governor Decisions and Updates					
3.1.	Nominations & Appointments Committee Report	Approval	Director of Corporate Governance	14:40	34
3.2.	Governor and Membership Forward Look – <i>including meeting dates for 2023-24</i>	Information	Corporate Governance Manager; Governors	14:50	36
3.3.	Governors Log of Communications	Information	Chair	15:00	40
4. Concluding Business					
4.1.	Foundation Trust Members' Questions	Information	Chair	15:05	verbal
4.2.	Any Other Urgent Business	Information	Chair	15:10	verbal

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS	PAGE NO.
	Date and time of next meeting <ul style="list-style-type: none"><li data-bbox="284 232 711 264">• Tuesday, 14 February 2023	Information	Chair		

**Minutes of the Council of Governors Meeting of University Hospitals Bristol and Weston
 NHS Foundation Trust (UHBW) held in public on Tuesday 9 August 2022 at 15:15-17:00 at
 City Hall, College Green, Bristol**

This meeting was streamed live online via You Tube.

Present

Name	Job Title/Position
Jayne Mee	Chair of the Board and Chair of the Council of Governors
Charlie Bolton	Public Governor
Graham Briscoe	Public Governor
John Chablo	Public Governor
Dave Clarke	Appointed Governor, University of the West of England
Carole Dacombe	Public Governor
Khushboo Dixit	Public Governor
Robert Edwards	Public Governor
Aishah Farooq	Appointed Governor, Youth Involvement Group
Tom Frewin	Public Governor
Mark Patteson	Public Governor
Mo Phillips	Public Governor
Annabel Plaister	Public Governor
Mohammad Rashid	Public Governor
John Rose	Public Governor
John Sibley	Public Governor
Audrey Wellman	Appointed Governor, Youth Involvement Group
Others in attendance:	
David Armstrong	Non-executive Director
Arabel Bailey	Associate Non-executive Director
Sue Balcombe	Non-executive Director
Julian Dennis	Non-executive Director
Deirdre Fowler	Chief Nurse and Midwife
Bernard Galton	Non-executive Director
Emily Judd	Corporate Governance Officer
Sarah Murch	Membership Manager
Stephen Peacock	Associate Non-executive Director
Eric Sanders	Director of Corporate Governance
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Jeremy Spearing	Deputy Director of Finance for Strategy, Planning & Performance
Martin Sykes	Non-executive Director
Stuart Walker	Medical Director
Gill Vickers	Non-executive Director
Eugine Yafele	Chief Executive
Rachel Hartles	Membership and Governance Officer (Minutes)

Jayne Mee, Trust Chair, opened the meeting at 15.15

Minute Ref:	Item	Actions
1. Preliminary Business		
COG1.1/08/22	1.1 Chair's Introduction and Apologies	
	<p>The Chair, Jayne Mee, welcomed everyone to the meeting.</p> <p>Apologies had been received from Governors Sofia Cuevas-Asturias, Chrissie Gardner, Sarah George, Stephen Hartnell, Paul Hopkins and Malcolm Watson.</p> <p>Apologies from regular attendees had also been received from:</p> <ul style="list-style-type: none"> • Emma Wood, Director of People, • Neil Kemsley, Director of Finance and Information; however it was noted that Jeremy Spearing would attend on Neil Kemsley's behalf, • Paula Clarke, Director of Strategy and Transformation, • Marc Griffiths, Non-executive Director, • Roy Shubhabrata, Non-executive Director • Jane Norman, Non-executive Director. <p>Jayne welcomed the new Non-executive Directors and Associate Non-executive Directors that had started in July 2022 to their first Council of Governors meeting.</p>	
COG1.2/08/22	1.2 Declarations of Interest	
	There were no new declarations of interest from Governors relevant to items on the agenda.	
COG1.3/08/22	1.3 Minutes from Previous Meeting	
	<p>Governors considered the minutes of the meetings of the Council of Governors held on 27 May 2022. There were no comments from Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the minutes of the Council of Governors meeting held on 27 May 2022 as a true and accurate record of the proceedings. 	
COG1.4/08/22	1.4 Matters Arising/Action Log	
	<p>Governors noted updates on the actions from previous meetings. All actions had been completed, as follows:</p> <p><i>COG2.2/05/22 Mark Smith to provide Governors with information on the percentage of patients attending Emergency Departments that may not have necessarily needed to attend.</i></p> <p>Action Closed.</p> <p><i>COG3.3/05/22 Provide the Council of Governors with a skills matrix of the Board of Directors.</i></p> <p>The skills matrix was being updated in line with the new Non-executive Directors and Associate Non-executive Directors and would be shared once this was completed.</p> <p>Action ongoing.</p>	

	<p>COG5.1/05/22 A full written response would be provided for the member's question relating to delayed discharge.</p> <p>Action Closed.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Approve the updates to the action log. 	
COG1.5/08/22	1.5 Chair's Report	
	<p>Jayne Mee, Trust Chair, gave a brief update to Governors on her recent activity. Key points were as follows:</p> <ul style="list-style-type: none"> • Jayne had continued to Chair Board meetings and Seminars and attend the Board Committees. • There had been three Acute Provider Collaborative Boards since the last Council of Governors, which Jayne had attended and Chaired. • The Integrated Care System (ICS) became a legal entity in July 2022 and Jayne Mee explained the role she would play in the Partnership Board. The Partnership Board had been working on a new strategy for the ICS which was due to be submitted to NHS England by the end of December 2022 and would include items such as health inequalities and Equality, Diversity and Inclusion. • Jayne had spent time meeting with the new Non-executive Directors and Associate Non-executive Directors during July 2022, as well as meeting the new Governors who took office from June 2022. • The Non-executive Directors had recently visited the Bristol Eye Hospital and the Diagnostic Assessment Hub in the Education and Research Centre. • Jayne had met with some of the apprentices in the Trust to hear about their experiences of the Trust and the programme. The meeting was largely positive, but it was acknowledged that there was some further work to be done on increasing the positive experiences. • Peaches Golding, Her Majesty's Lord-Lieutenant of the County and City of Bristol, visited the Trust's Bristol Eye Hospital Diagnostic Assessment Hub in the Education and Research centre. An invitation had been extended to the Lord-Lieutenants of South Gloucestershire and North Somerset. • Jayne had met with the Arts and Culture team who would be speaking to the Annual Members Meeting in September. • A new Board Development programme had started to support building a more joined up Board. <p>There were no questions or comments from the Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chair's Report for Information. 	
2. Performance Update and Strategic Outlook		
COG2.1/08/22	2.1 Chief Executive's Report	
	<p>Eugene Yafele, Chief Executive, provided an update on the main issues facing the Trust. Key points included:</p>	

	<ul style="list-style-type: none"> • A new pay award had been announced for staff and the Trust had been working through the implications of this additional expenditure. Eugene noted that the Trade Unions were yet to agree to the pay award and there was a risk of the award being rejected and industrial action being taken. • The Trust had been working in conjunction with North Bristol NHS Trust (NBT) to create a new Joint Clinical Strategy to align the clinical models within the Trusts. • The Trust had started to test models for Healthy Weston 2 and integrate the final departments between Bristol and Weston sites. Health Education England (HEE) had visited Weston General Hospital and were pleased with the progress made in relation to the training and teaching models. • Eugene advised that two-year waits within the wider NHS system had been virtually eliminated in all areas except the South-west. The Trust would have more scrutiny and support from national teams in order to reduce the Trust waiting list and were on track to reach the target of eliminating waiting for more than 18 months by the end of 2022. • The Trust had over 150 patients in hospital beds that were waiting to be discharged. <p>Governor questions included:</p> <ul style="list-style-type: none"> • Graham Briscoe, Public Governor, queried the use of alternative facilities to house patients waiting to be discharged. Mark Smith, Deputy Chief Executive and Chief Operating Officer, advised that the alternative facilities were not under the jurisdiction of the Trust and therefore the ICS would explore the alternative options for housing patients. • Mohammad Rashid, Public Governor, queried whether the Trade Unions had advised of any other issues staff were facing and whether this would be included in the communications to the Trust around the pay award. Eugene Yafele, Chief Executive, advised that the Trade Unions were balloting nationally on the pay award; however, the local Trade Unions were advising the Trust of any issues staff were facing to be resolved locally as and when issues arise. • Charlie Bolton, Staff Governor, asked when the Trust would be advised of how the pay award was to be funded. Eugene Yafele, Chief Executive, advised that an announcement would be given by central Government once the award had been accepted by Trade Unions. • John Rose, Public Governor, commended the reports on Healthy Weston 2 and asked about the changes to the management structure within the Division of Weston. He further commented that the management structure did not seem well publicised. Eugene Yafele, Chief Executive, advised that the Division of Weston would have a local management team to include a Hospital Director, Managing Director, and local management to manage the services. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chief Executive’s Report for Information. 	
<p>COG2.2/08/22</p>	<p>2.2 Operational update</p>	

	<p>Mark Smith, Deputy Chief Executive and Chief Operating Officer, updated the Governors on the Operational Update. Highlights included:</p> <ul style="list-style-type: none"> • The Hospital had been under considerable pressure, with the Emergency Department in Weston diverting ambulances for the third day. An internal critical incident had been declared and senior personnel in Bristol had been working with Weston personnel to understand whether patients could be discharged. • There had been national pressures on the waiting lists for patients waiting over two years, however the Trust's position had improved and cancer waits for the Trust had been maintained. • At the time of reporting, the Trust had 56 patients with COVID-19 on the wards, and noted that the number of COVID-19 patients was not diminishing. • The Trust's programme, "Every Minute Matters", was continuing to have significant improvements to the flow of the hospitals. There had been a regional bid placed to expand the Same Day Emergency Care (SDEC) service to seven days a week and also to launch a cardiology model of the service; both of which had been accepted and the Trust had been working with Portsmouth Hospitals NHS Trust to model their SDEC Cardiology service. • The number of patients with no criteria to reside remained high and the Trust had struggled to support their progression to other services. An audit on categorisation of care requested for patients had been undertaken by Sirona Care & Health and it was acknowledged that the levels of care requested had been adequate for patients' needs. <p>Governor questions included:</p> <ul style="list-style-type: none"> • Mohammad Rashid, Public Governor, queried the grants for patients to be cared for at home as a way to decrease patients with no criteria to reside. Mohammad Rashid also queried whether there was any possibility of additional variants of COVID-19 likely to come out during the winter months. Mark Smith, Deputy Chief Executive and Chief Operating Officer, provided information about the community tracking of COVID-19 mutations in order to understand the prevalence of COVID-19 and possible scenarios over the winter period. Mark Smith confirmed the grants on offer to patients and their families in order to help patients go home with support from family until the package of care requested had been established. • John Rose, Public Governor, queried the number of patients with no criteria to reside and what the wider system had been doing to help decrease these numbers. Eugene Yafele, Chief Executive, agreed that the number of patients were very high and advised that the Board would write to the Integrated Care Board to request a review and offer support on ways the wider system could be working together to support further patient discharges. • Carole Dacombe, Public Governor, expressed concern over the morale of staff and asked whether there was enough focus placed on staff wellbeing in the face of a challenging autumn and winter period without any rest in the summer period. Eugene Yafele, Chief Executive, provided assurance that the staff at the Trust had access to a large wellbeing package and were urged to take annual leave and rest periods. Jayne Mee, Trust Chair, 	
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	<p>further agreed that Emma Wood, Director of People, and her team had been reviewing the availability of offers to staff around stress and wellbeing. Jayne also acknowledged that Stuart Walker, Medical Director, would be reviewing the options available to medical staff and thanked the Governors for collectively acknowledging their support to the Board for ensuring more offers were available to staff.</p> <ul style="list-style-type: none"> • Mark Patteson, Public Governor, queried the number of unfilled positions in the Trust. Deirdre Fowler, Chief Nurse and Midwife, confirmed the national crisis of registered nurses had impacted on the Trust, although it was still comparative with other NHS Trusts. Band 5 Registered Nurses, who provide care at the bedside, continued to be the biggest concern for the Trust due to the vacancy rate being 15.5%. The Trust’s international recruitment campaign would continue with the target of 219 roles. To date, 54 roles had been filled and a majority of residual roles were due to be filled by December 2022. • John Sibley, Public Governor, queried whether there would be any work to incentivise local authorities to arrange discharges from hospitals any faster. Jayne Mee, Trust Chair, advised that the funding of local authorities was different to NHS Trusts, however assured the meeting that the Integrated Care System would explore how the entire system could support each other in getting patients home faster. • Ben Argo, Public Governor, provided feedback from a recent audit that he had been involved in relating to Autism and asked whether the Trust was committed to similar projects. Deirdre Fowler, Chief Nurse and Midwife assured the Council of Governors that the Trust was committed to understanding how they could be more inclusive and welcomed the external bodies coming in to audit the services that the Trust provided. After further discussion, it was agreed that the team Ben Argo was working with could be linked with the Patient Experience and Voluntary Services Team to arrange a suitable time to finalise the audit. <p>ACTION: Membership Team to link Ben Argo with the Patient Experience and Voluntary Services Team to arrange suitable access to finalise audits.</p> <ul style="list-style-type: none"> • John Rose, Public Governor, noted the audits undertaken in the Trust around vulnerabilities to the system and whether there had been any feedback. Mark Smith, Deputy Chief Executive and Chief Operating Officer, advised of a resilience forum the Trust was involved in and explained that each area of the business had a continuity plan should there be an unforeseen issue. David Armstrong, Non-executive Director further provided assurance that the Audit Committee continued to be diligent in ensuring single point of failures that could be a risk to the Trust were reviewed and adequate actions were in place to prevent them. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Operational Update for Information. 	<p>Membership Team</p>
<p>COG2.3/08/22</p>	<p>2.3 Corporate Quality Objectives Update</p>	

	<p>Deirdre Fowler, Chief Nurse and Midwife, provided an update on the Corporate Quality Objectives. The paper was taken as read and Deirdre invited comments from the Council of Governors.</p> <p>Questions from the Governors included:</p> <ul style="list-style-type: none"> Carole Dacombe, Public Governor, asked for assurance that the Trust had been working with the wider community and people in primary care on the objective 'Waiting Well'. Deirdre Fowler confirmed that the team would continue to work with all in the ICS around the objective. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> Receive the Corporate Quality Objectives update for Information. 	
COG2.4/08/22	2.4 Quarterly Patient Experience and Complaints Reports	
	<p>Deirdre Fowler, Chief Nurse and Midwife, provided an update on the Quarterly Patient Experience and Complaints Reports. The report was provided for information and no questions were asked by the Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> Receive the Quarterly Patient Experience and Complaints Reports for Information. 	
3. Decision Items		
COG3.1/08/22	3.1 Nominations and Appointments Committee membership	
	<p>Eric Sanders, Director of Corporate Governance, introduced the report on Nominations and Appointments Committee membership. Nominations for two positions available on the Committee were sought, one for a Public Governor and one for an Appointed Governor.</p> <p><i>Aishah Farooq and Dave Clarke left the room.</i></p> <p>Eric Sanders, Director of Corporate Governance, advised that as there were two people nominated for one position as an appointed Governor, both nominees had provided a statement on why they would be suitable candidates for the Committee. The Governors discussed both candidates and how they could both provide valuable skills and knowledge to the committee.</p> <p>Jayne Mee, Trust Chair, further offered a suggestion to include both appointed Governors, through changing the Terms of Reference for the Committee. The Governors agreed this would be the preferred option, although highlighted the wording should be such that it provided an option for an additional Appointed Governor, in case any future positions were not able to be filled.</p> <p>ACTION: Terms of Reference to be amended to reflect Khushboo Dixit as a member of the Committee, and for an option to be made for additional Appointed Governors to be added to the Committee.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> Approve the appointment of: <ul style="list-style-type: none"> Khushboo Dixit as Public Governor. 	Director of Corporate Governance
COG3.2/08/22	3.2 Trust Constitution - changes	

	<p>Eric Sanders, Director of Corporate Governance, provided an overview to the Trust Constitution changes. Eric explained that the same paper had been discussed at the recent Membership and Constitution Group and approved at the meeting in public of the Board of Directors earlier the same day. It was noted that the changes related to the minimum number of members in each constituency and terminology within the document.</p> <p>There were no opposing voices and so the constitution was approved.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the changes to the Trust Constitution. 	
<p>4. Governor Updates</p>		
<p>COG4.1/08/22</p>	<p>4.1 Reports of Governor/Membership activity</p>	
	<p>Sarah Murch, Membership Manager, presented the various reports on Governor and Membership activity.</p> <p>Governor Activity Report Sarah Murch, Membership Manager, advised of the various activities the Governors had undertaken since the last report to the Council of Governors in May 2022, which included new Governors joining the Council of Governors, Governor Focus Groups and Engagement sessions as well as Governor Development Seminars and a “Meet Your Governor” event in North Somerset.</p> <p>Membership Engagement Report Sarah Murch, Membership Manager, provided an update on the various different membership engagement work undertaken by the team. The Membership team had held a public engagement session in Weston General Hospital for members to visit and speak to their Governors, and also a Health Matters Event had been held on Sustainability in the Hospital. An Autumn programme of Health Matters Events was being developed by the team and would be advertised to the Governors in due course. Sarah also advised the Governors that the Membership Strategy was due to be reviewed in the autumn months in light of the expiry of the current strategy at the end of 2023.</p> <p>Youth Involvement Group Governors’ update Audrey Wellman, Appointed Governor for the Youth Involvement Group, provided an overview of past year of the Youth Involvement Group, which included winning a national award for ‘Communicating Effectively with Patients and Families’ from the Patient Experience Network; work on sustainability; and an open letter to the Trust launched in conjunction with COP26; and helping to evolve the patient diaries in the Bristol Royal Hospital for Children’s Paediatric Intensive Care Unit. Audrey further commented on a personal highlight of work experience in the Trust.</p> <p>Aishah Farooq, Appointed Governor for the Youth Involvement Group, further provided an overview, which included establishing a Youth Ambassador role, where in addition to being a member of the Youth Involvement group, members were involved in management meetings and other contexts in the Hospital to ensure the voice of young people was heard at every level in the hospitals and a video created for mental health week. Aishah further commented on personal highlights which</p>	

	<p>had included speaking at a national conference on how to involve children and young people in policy setting at the South-west Allied Healthcare Event held in Dorset.</p> <p>Audrey Wellman, Appointed Governor for the Youth Involvement Group, provided an update on the plans for the future of the Youth Involvement Group, which included looking into the transition from Children to Adult Services and how the Trust and Youth Involvement Group could support and develop pathways to help young people on this journey.</p> <p>Aishah Farooq, Appointed Governor for the Youth Involvement Group also provided an update on the Youth Involvement group plans for the future that included a larger presence on social media and how young people could influence changes in health inequalities.</p> <p>Jayne Mee, Trust Chair, commended the work that had been done in the Youth Involvement group and offered the Board's support for any future plans, if required.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Reports of Governor/Membership Activity for Information. 	
COG4.2/08/22	4.2 Governors' Log of Communications	
	<p>Jayne Mee, Trust Chair, noted that one question had been added to the log recently which was due to receive a response in September.</p> <p>Governors requested an update on the ease of access to the Bristol site, and it was confirmed that Bristol City Council had been discussing the options available with the Trust, which included changes to the pedestrian crossings outside the main entrance to the hospital.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governors' Log of Communications for Information. 	
5. Concluding Business		
COG5.1/08/22	5.1 Foundation Trust Members' Questions	
	There were no questions from Foundation Trust Members.	
COG5.2/08/22	5.2 Any Other Business	
	<p>John Sibley, Public Governor, asked about the recent reports in the media relating to the lack of NHS dentists, and whether the Trust had seen an increase in patients attending the Dental Hospital due to being unable to access community Dentists. It was confirmed that the number of patients coming to the hospital had increased and the Trust had been exploring options to make appointment bookings more accessible.</p> <p>Jayne Mee finally thanked Sarah Murch, Membership Manager, who was standing down from the membership team after 10 years of service to the Trust. Jayne and the Governors wished her well in her future career.</p>	
COG5.3/08/22	5.3: Meeting close and date of next meeting	
	The Chair declared the meeting closed at 17:00. The date and time of the next meetings would be:	

	Annual Members' Meeting - Thursday 15 September 2022, 17.00-19.00. Council of Governors Meeting, Tuesday 13 December 2022, 14:00-16:00.	
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Minutes of the Annual Members' Meeting of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) held on Tuesday 11 October 2022 at 17:00-19:00

This meeting was held in the Conference Hall, City Hall, College Green Bristol and was also streamed online on You Tube.

Present

Members of the Trust Board of Directors

Jayne Mee – Chair
Arabel Bailey – Associate Non-executive Director
Sue Balcombe – Non-executive Director
Paula Clarke – Director of Strategy and Transformation
Deirdre Fowler – Chief Nurse and Midwife
Bernard Galton – Non-executive Director
Marc Griffiths – Non-executive Director
Neil Kemsley – Director of Finance and Information
Roy Shubhabrata – Non-executive Director
Martin Sykes – Non-executive Director
Emma Wood – Director of People
Eugine Yafele – Chief Executive

Members of the Council of Governors

Ben Argo – Public Governor
Charlie Bolton – Staff Governor
John Chablo – Public Governor
Carole Dacombe – Public Governor
Robert Edwards – Public Governor
Tom Frewin – Public Governor
Mo Philips – Public Governor
Annabel Plaister – Public Governor
John Rose – Public Governor
Audrey Wellman – Appointed Governor (Youth Involvement Group)

Guest Speakers

Scott Grier – Lead Consultant
Lorraine Warr – General Manager

In Attendance

Rachel Hartles – Membership Manager
Emily Judd – Corporate Governance Manager
Duncan Laird, Audit Manager, KPMG – External Auditor
Mark Pender – Head of Corporate Governance
Eric Sanders – Director of Corporate Governance

Approximately 13 members of the public, patients and staff members of University Hospitals Bristol and Weston NHS Foundation Trust were also in attendance.

1. Chair's Introduction and Apologies

Jayne Mee, Trust Chair, welcomed everyone to the Annual Members' Meeting (AMM) for University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and explained that the meeting was being held in person and online.

Apologies had been received from:

- David Armstrong, Non-Executive Director
- Jane Norman, Non-Executive Director
- Julian Dennis, Non-executive Director
- Stuart Walker, Medical Director

2. Minutes of the previous Annual Members Meeting/Annual General Meeting

The minutes of the last meeting were noted by the Board and Governors. The minutes were approved as an accurate record of the meeting.

3. Independent Auditors' Report

Duncan Laird, Audit Manager at KPMG, provided an update regarding the Independent Auditors' Report as below:

- This was the first year for KPMG as the Trust's external auditors.
- All deadlines had been met to audit the Trust.
- KPMG issued an unqualified opinion in 2021/22 for the Trust. This meant that the accounts gave a true and fair view of the Trust's performance during the year and of its year-end financial position
- The key findings from the financial statements and governance review concluded that there were no significant internal control weaknesses identified.
- The Trust was not selected as a sampled body for 2021/22, which meant that only limited procedures were required. KPMG did not identify any inconsistencies between the financial statements and the information included in the consolidation schedules.
- The financial statements were prepared on a Going Concern basis and no material issues had been identified.

Jayne Mee, Trust Chair, thanked Duncan Laird for the audit work undertaken.

4. Presentation of Annual Report and Accounts for 2020/21

Jayne Mee, Trust Chair, welcomed Eugene Yafele, Chief Executive, and other members of the Board of Directors to the meeting. Jayne explained that the Trust Board of Directors had seen significant changes over the previous 12 months and was working together to ensure there was a unitary Board that supported staff to provide the best possible care to patients.

Jayne Mee, Trust Chair, introduced Eugene Yafele, Chief Executive, Neil Kemsley, Director of Finance and Information, and Deirdre Fowler, Chief Nurse and Midwife.

Review of the Year 2021/22

Eugene Yafele, Chief Executive, provided a summary of the highlights from the Annual Report and Accounts as below:

- Eugene had joined the Trust in May 2022. He observed that UHBW as an organisation was living and working through a time of great challenge, but equally great opportunity.
- In the fight against COVID-19, the Trust treated thousands of patients in its hospitals and administered a staggering 11,000 COVID-19 booster vaccinations and 8,000 flu vaccinations at its vaccination hub.
- Eugene thanked everyone for their commitment, determination, and passion during what had been inarguably an unprecedented era in the history of our National Health Service.
- In 2021/22 the Trust saw 50,162 more Emergency Department attendances compared to 2020/21:
 - At the Bristol Royal Infirmary there was a 102% increase on the previous year.
 - At the Bristol Royal Hospital for Children there was a 106% increase on the previous year.

- Over 5,000 colleagues across the Trust had come together to develop a new, shared set of Trust values for the merged organisation that clearly said who it was, how it did things and what was important to staff.
- In 2021/22 UHBW fully integrated 13 of 34 clinical services at Weston General Hospital and all of the 21 corporate services. Eugene also confirmed that by Monday 17 October 2022, the formal integration of Bristol and Weston sites would be complete.
- Despite the challenges and change of 2021/22 colleagues had continued to be leaders in global clinical research and development. The Trust continued to be part of the global effort to develop COVID-19 vaccines and research into immunity.
- As part of a £161 million investment from the National Institute of Health Research (NIHR), the Trust received new investment into Bristol's new Clinical Research Facility to bring together research studies at UHBW and the University of Bristol for:
 - Cancer, immunity-based treatments;
 - Vaccine development and testing;
 - Cardiovascular medicine; and
 - Neurosciences and respiratory medicine.
- Looking forward to 2022/23, the Trust would continue the journey of transition, and developed five clear leadership priorities for the next 12 months:
 - Quality and Safety
 - Our People
 - Timely Care
 - Weston Renewal
 - Financial Performance

Annual Accounts 2020/21

Neil Kemsley, Director of Finance and Information, highlighted the Trust's financial statements from the Annual Report and Accounts 2021/22 as below:

- The Trust received similar funding arrangements as in 2020/21. This included a two-stage planning process covering the two halves of the year.
- There had been continued support for the on-going costs of the pandemic, but there was uncertainty over the level of recurrent funding in place moving into 2022/23.
- The Trust ended 2021/2022 with a surplus of £5m.
- The majority of income was due to income from treating patients (£914m).
- The majority of expenditure was due to staff costs (£622m).
- Capital spend of £66.5m included:
 - Strategic Investment Programme (£5.8m)
 - Medical equipment (£14.7m)
 - Information technology (£6m)
 - General estates (£6m)
 - Operational capital (£30.4m)
- Plans for 2022/23 included greater collaboration with system partners, a focus on elective recovery, identification and delivery of financial improvement and productivity opportunities, along with significant challenges in respect of workforce, bed capacity and patient flow.

Presentation of Quality Achievements 2020/21

Deirdre Fowler, Chief Nurse and Midwife, presented the Quality Achievements as below:

- The Trust had chosen three new objectives for 2021/2022 and brought two forward from 2020/2021:
 - Improving the availability of information about physical access to our hospitals (completed in 2021/2022).
 - Supporting and developing the participation of lay representatives in Trust groups (completed in 2021/2022).

- Delivering the NHS Patient Safety Strategy (not completed and carried forward to 2022/2023).
- Improving the experience of patients with a learning disability (completed in 2021/2022).
- Improving patient experience of discharge from hospital (not completed and carried forward to 2022/2023).
- For 2022/2023, two objectives were to be carried forward from 2021/2022 and 3 new objectives created:
 - Delivering the NHS Patient Safety Strategy (year 2)
 - Improving patient experience of discharge from hospital (year 2)
 - Waiting Well
 - Trust strategy for Healthcare Inequalities
 - Developing and delivering a new vision for post-pandemic volunteering
- There was one Care Quality Commission (CQC) inspection in 2021/2022 which focused on medical care in Bristol and Weston, outpatients in Weston, and 'well-led' at Trust level. The overall CQC rating was 'Good'.
- There was also a re-inspection of Weston medical wards in August 2022. Positive feedback had been received with some areas that required attention such as ensuring the surgical day case unit was fit for purpose when used for overnight patients.
- A new Clinical accreditation framework measurement had started April 2022 to improve overall standards in wards across the Trust.

5. Governor/Membership Report

Mo Phillips, Lead Governor/Public Governor and Carole Dacombe, Public Governor, introduced a report of governor and membership activity during 2021/22 at University Hospitals Bristol and Weston NHS Foundation Trust as below:

- an overview of the Governor role within UHBW was provided;
- The Trust membership consisted of 4449 public members, together with 15718 staff members of the Trust (as of 30/09/2022).
- The Trust continued to implement the objectives of its 2020-23 Membership Strategy during the year, including engaging with members and updating membership data. The final 'data cleanse' of members was due to be completed in November 2022.
- The Membership Strategy was valid until the end of 2023 and work was due to begin shortly on reviewing and updating the strategy for 2024-2027.
- Elections took place from March-May 2022 for 14 governor seats. All seats were contested and all seats were filled. New Public Governors took up office in June 2022.
- New appointed governors also took up office in October 2021, April 2022 and June 2022.
- Key issues for Governors in 2022/2023 would include impact of COVID-19, wellbeing support for staff, patient discharges, integration and collaboration with other stakeholders, the new impact of the Integrated Care System, and how the new Clean Air Zone in Bristol would impact staff and patients.

Jayne Mee, Trust Chair, thanked the Governors for the presentation and for the Council of Governors for its input over the past year.

Guest Speaker Slot – Retrieve Adult Critical Care Transfer Service

Jayne Mee, Trust Chair, introduced Scott Grier, Lead Consultant for the Retrieve Adult Critical Care Transfer Service, who provided an overview of the service to the meeting. The following points were highlighted:

- The service had been created due to a lack of ability to transfer critically ill patients between NHS sites within the South-west of England during COVID-19.

- The patients were moved for one of three main reasons (an escalation of care; repatriation to a service locally to them; or capacity transfers where there were available beds elsewhere).
- The South-West of England was the only location to have a neonatal (NEST), paediatric (WATCH) and Adult (Retrieve) Critical Care Transfer service.
- Funding was given to the service in September 2021 and recurrent funding had been achieved from 2022.
- Since the inception of the service on 2nd November 2020, the service had completed:
 - 2,054 referrals
 - 1,307 transfers
 - Visited over 80 hospitals
 - Travelled the distance of six times around the world.
- The service won the Critical Care Team of the Year award in the 2021 British Medical Journal Awards.
- The Service was working with the Newborn Emergency Stabilisation and Transport Team (NEST) and Wales and West Acute Transport for Children (WATCh) to closer align the services they all provide.

Jayne Mee, Trust Chair, thanked the team on behalf of the Trust for the work they had done to date.

6. Question and Answer Session

Eric Sanders, Director of Corporate Governance, stated that no questions had been submitted in advance of the meeting, however two questions had been submitted on the YouTube Chat Function:

- The CEO's report mentioned a Discharge to Assess business case. Can he say more about what Discharge to Assess will involve?

Deirdre Fowler, Chief Nurse and Midwife, advised that the Discharge to Assess programme was created to ensure patients were fit for discharge, and would thrive and recover well with the care they received. The aim was to help get patients from their acute beds to their suitable place of residence as soon as possible.

- How is the Trust managing the ever-increasing waiting lists?

Mark Smith, Deputy Chief Executive and Chief Operating Officer, advised the meeting that the Trust was prioritising patients based on many different criteria and that it was a challenge to ensure all patients were seen with the minimal amount of harm.

- With regards to the Clean Air Zone, is there an exemption option for staff such as they do for residential staff?

Emma Wood, Director of People, advised that there were unfortunately no exemptions for staff or for the Trust's own fleet and vehicles.

- How were staff coping with COVID-19 and winter pressures?

Emma Wood, Director of People, commended the resilience of staff over the past two years. She explained that the peaks of COVID-19 were being dealt with reasonably well in the Trust now, however the winter pressures were the bigger challenge for the staff. The Trust was promoting the use of vaccinations and ensuring all wellbeing offers were being promoted at the same time.

- How has the Trust found working as part of the Integrated Care System (ICS)?

Jayne Mee, Trust Chair, advised that it was extremely early days with the ICS being a legal entity, and all work so far has been relating to a strategy that had the patients health at the heart. Eugene Yafele, Chief Executive, echoed Jayne's thoughts on the amount of time that the ICS had

been functioning, but emphasised that all initiatives would be based on the delivery of the strategy that was being developed.

- How would the Trust manage the finances should the budget be cut and will the rise in energy costs cause issues with the budgets?

Neil Kemsley, Director of Finance and Information Technology, advised that the expectation was for the budgets to return to pre-pandemic expectations, and this would expose an underlying deficit in the Trust. This was being managed internally and investigations were ongoing around where the budget could be amended. The Trust had recently changed to a combined heating and power system which generated energy into the national grid and therefore provided money to the Trust which helped to offset some of the rising energy costs.

Close of meeting

Jayne Mee, Trust Chair, thanked everyone for attending the meeting and reminded Members they were welcome to attend the regular Board of Directors and Council of Governors meetings. Thanks were given to the presenters at the meeting, and to all the staff and governors, members and charitable partners that supported the Trust in the wider community.

DRAFT

Council of Governors meeting – 13 December 2022
Action Log

Actions following Council of Governors meeting held on 9 August 2022					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG3.1/08/22	Terms of Reference to be amended to reflect Khushboo Dixit as a member of the Committee, and for an option to be made for additional Appointed Governors to be added to the Committee.	Director of Corporate Governance	December 2022	Completed This is on December's agenda for approval under "Item 3.1 - Nominations and Appointments Committee Report"
2.	COG2.2/08/22	Membership Team to link Ben Argo with the Patient Experience and Voluntary Services Team to arrange suitable access to finalise audits.	Membership Team	December 2022	Completed Ben Argo has been in contact with Patient Experience and Voluntary Services Team.
3.	COG3.3/05/22	Provide the Council of Governors with a skills matrix of the Board of Directors.	Director of Corporate Governance	July 2022	Work in Progress This matrix is being updated in line with new Non-executive Directors joining the Trust and will be circulated to Governors as soon as it is available. <u>December Update:</u> The matrix is finished and will be shared with the Nominations Committee at the next meeting and would be useful in informing the next round of NED recruitment.



Meeting of the Council of Governors on Tuesday 13th December 2022

Report Title	Chair's Report
Report Author	Jayne Mee, Trust Chair

For Information

It has been another busy and very important quarter as we move UHBW forward, specifically with our new Chief Executive, Eugene Yafele, leading the Trust. Here is some of the work I have undertaken over the past quarter.

Board Meetings

In my role as Chair, I have Chaired:

- Private Board.
- Annual Members Meeting.
- Board Seminars.
- Non-executive Director (NED) only meetings and briefings.
- Remuneration, Nominations and Appointments Committee.
- Nominations and Appointments Committee.
- Honours and Awards Committee.
- Governor and NED Engagement sessions.

I have continued to attend the Quality and Outcomes Committee, People Committee and Finance and Digital Committee.

Trust Departmental Visits

It is always a privilege to be out and about meeting with our staff, who's resilience has been outstanding. We enter a very difficult time ahead with winter upon us, the cost-of-living crisis and the inevitability of industrial action, all of which are keenly felt by our staff.

I have visited key areas of the Trust with senior clinical colleagues and NEDs:

- St Michaels with NEDs.
- Weston with NEDs.
- Medicine Division with Emma Kate Reed, Clinical Chair.
- Weston with Elaine Williams Deputy Director of Nursing.
- Pharmacy with Jon Standing, Director of Pharmacy.
- Met with apprentices to hear feedback on their various programmes.
- Hosted Peaches Golding, Lord Lieutenant on a visit to the eye Diagnostic Hub.
- I presented prizes at the internal Quality Improvement Forum, where we had so many innovative projects that had been completed across the Trust. It was



refreshing to see that innovation and improvement had not stalled because of COVID-19.

Integrated Care System(ICS)/Partnership Working/NHS Providers/NHS Region

I have been a regular attender of the Integrated Care Partnership Board meetings both before and after the ICS was designated a legal entity in July 2022. I also attended the Partnership Day in October with over 200 other representatives to be part of the conversation about ICS Strategy.

I have continued to chair the Acute Provider Collaborative Board with Michele Romaine, Chair at North Bristol NHS Trust (NBT). Michele and I have regular 121's to discuss how the two Trusts can work more closely together. We are getting good traction around the Continuous Improvement Programme Patient First, and in October both Boards came together to agree our strategic priorities. The Joint Clinical Strategy is making good progress with clinicians in both Trusts being well engaged. We are having discussions as to how we support each other and make best use of our partners to deliver what will be a challenging winter.

I supported Charlotte Hitchings, Chair at Avon and Wiltshire Mental Health Partnership to recruit four Non-executive Directors to her Board.

I have participated in one NHS Providers event for Chairs over the period.

Staff Networks

I have had regular monthly meetings with the Chairs of our staff networks covering LGBTQIA+, Race Equality and Inclusion and ABLE+ colleagues. I have continued to sponsor the Women's Network which is going from strength to strength. Another successful Menopause Conference was also sponsored by me, it's great we are now having conversations about this very important part of women's health. I also joined the Black History Month Conference and was delighted that this year rather than me opening the conference Eugene was able to do so which sent a very powerful message to our staff.

Staff side meetings

I have continued with my regular monthly meetings with the staff side Joint Union Committee representatives. This is a good way of triangulating what I hear, see, and read about matters affecting our staff teams across the Trust.

Other regular internal meetings

I have met with

- Eugene Yafele every week.
- Mo Phillips, Lead Governor, every two-three weeks during the period.
- Emma Mooney, Director of Communications, every month.



- Eric Sanders, Director of Corporate Governance, every 2-4 weeks (about governance and board issues).
- Frances Macadam from the Arts team every six weeks.
- Paula Clarke on Patient First.

Looking forward, some of the focus will be ongoing over the next quarter:

- Focus on winter, elective restoration, urgent care demand, and No Criteria to Reside patients.
- Keep Workforce, Estates and Digital high on our agenda.
- Chair the recruitment of our new Chief Operating Officer.
- Chair the recruitment alongside the Chair of NBT for a Joint Chief Digital Information Officer.
- Healthy Weston 2 and continued embedding of Care Quality Commission (CQC) actions.
- Continue to build a unitary high performing Board.
- ICS/Provider Collaborative development.
- Continue to be out and about supporting our people.

Key Decisions and Actions

I thought it might be helpful to update against the key areas of focus I set myself for the last six months:

- **Support Eugene to settle into the Chief Executive role** – I believe I have done this effectively and hope he would say so too!
- **Continue to be out and about supporting our people** – my departmental visits in this report demonstrate this.
- **Ensure Ockendon actions are implemented** – we have been careful to schedule enough time for Ockendon at both Quality and Outcomes Committee and Board. I am pleased to say we are making good progress.
- **Support Execs in landing the Digital Strategy and plan** – the digital strategy is in development, however, more importantly we are now out to recruit for a Chief Digital Information Officer across both ourselves and NBT which will radically change our approach to digital.
- **Support the movement forward with new management structure at Weston and Healthy Weston 2** – we have said goodbye and thanks to Ian Barrington and Andrew Hollowood. Paula Clarke will now take on the Executive Managing Director position at Weston and Stuart Walker is in process of recruiting to the Medical Director position.
- **CQC report actions and embedding at pace** – we welcomed the CQC report for Acute Medicine at Weston. It was an encouraging report which moved us from Inadequate to Requires Improvement for the first time in many years. There is still much to do, and Paula will continue to lead the way on this.



- **Ensure new Board Execs and NED's settle into role** – I have supported all the new Board to settle in and believe the Board Development programme has accelerated our progress.
- **Focus on elective restoration, urgent care demand, and No Criteria to Reside** – this remains a challenge, however, these topics are under constant discussion by the Board and specific actions internally, with NBT and with the ICB continue to progress.
- **ICS/Provider Collaborative development** – I am very clear that we have to play our part in system working. The Board is fully committed to do all we can to make a success of not only the ICS but the Acute Provider Collaborative too.



Meeting of the Council of Governors on Tuesday 13th December 2022

Report Title	Marlborough Hill Strategic Outline Case
Report Author	Archus Consulting Ltd
Executive Lead	Paula Clarke, Executive Managing Director

1. Report Summary

Please note that due to its size the Full Strategic Outline Case has been circulated to Governors separately. It is also available on the Trust's website for public inspection.

This cover sheet highlights the key areas of the SOC Executive Summary, including an overview of the five case model followed.

Business Case Overview:

HMT Five Case Model for Better Business Cases has been followed, in brief the SOC includes:

- ◆ **Executive Summary**; provides a brief overview of each section and summarises the aim of what the Trust is trying to achieve
- ◆ **Strategic Case**; Trust strategies, local strategies and national context, with key drivers behind the reasons for the project
- ◆ **Economic Case**; Investment Criteria and Options; long list to short list, SWOT analysis of options
- ◆ **Commercial Case**; procurement and construction strategy to be used
- ◆ **Financial Case**; financial position and appraisal of possible options
- ◆ **Management Case**; programme timeline, risks, benefits and project roles & responsibilities

STRATEGIC CASE

This Strategic Outline Case (SOC) has been developed following the feasibility study in September 2020, for development of an Urgent and Emergency Assessment Centre (UEAC) and encompassing previous internal business cases for Theatres expansion, Adult ED & Radiology development. Following approval of the Senior Leadership Team to the feasibility study, it was agreed that a SOC for the Marlborough Hill Development would explore the options to make optimal use of this development site for the following clinical areas:

- Transfer of the Adult Emergency Department (ED) from its current estate in the Queen's Building, releasing space adjacent to the Children's Hospital for potential expansion;
- Provision of emergency connections with the existing Queens Building;
- Construction of 3 new assessment units, to accommodate the Acute Medical Unit (AMU), Older Persons Assessment Unit (OPAU) and Surgical and Trauma Assessment Unit (STAU). This will release capacity in some of the existing inpatient areas, which are in poor condition and inflexible in design;



- Provision of supporting facilities, including radiology;
- Provision of fit for purpose theatres on the Bristol site, along with rightsizing facilities to match current and future demand;
- Construction of a new JAG compliant Endoscopy department, with the potential to release capacity in the Queens Day Unit (QDU).

There is a clear rationale for this scheme which fits within the wider system wide clinical and operational requirements, strategic development objectives and clinical drivers. The project fully aligns with the Trust and local strategies, such as the **BNSSG Integrated Care System** (ICS) and **Healthy Weston 2** (HW2) and addresses the growing demand on emergency and elective services with the development at Marlborough Hill being a significant proposal within the UHBW strategic capital programme, representing the last significant development in the twenty-year programme for the constrained city-centre site.

Case for Change

Key priorities, risks and challenges for UHBW that directly drive the proposals for this scheme include:

- Providing timely and responsive treatment for our populations by addressing high risks associated with poor environment and out of date facilities for staff and patients across Bristol sites.
- Providing modernised, rightsized city centre adult urgent and emergency assessment and admission facilities to deliver innovative models of care as part of a system solution and address the current Adult ED environment as unfit for purpose and adding to performance challenges i.e. ambulance handover times, national league table position, 4 hour and 12 hour waits and elective recovery;
- Creating space within the existing estate to enable the expansion and renovation of the Bristol Royal Hospital for Children to create the capacity and timely patient pathways for paediatric population across the south-west.
- Provide recurring system elective capacity, particularly relating to complex cancer and cardiac surgery and to endoscopy within JAG compliant facilities, to reduce waiting lists and maintain appropriate waiting times.
- Addressing the poor condition and lack of suitable theatres, that are contributing to elective waiting lists and constraining backlog recovery and the strategic ambitions of the Trust to drive regional/tertiary service delivery and growth.
- Improving the poor working environment in theatre and endoscopy facilities where evidence demonstrates impact on staff health and well-being and consequent impact on retention and recruitment.
- Addressing the challenges faced within the current environment and facilities and their impact on staffing efficiencies, patient pathways and opportunities for co-locations or adjacencies;
- Addressing delayed discharge



Benefits identified so far include:

- The Trust will reduce the ambulance drop off time rates and associated quality reporting
- ED waiting time breaches over 4 hours and 12 hours will be reduced and associated quality indicators improved
- The efficiencies from appropriate clinical adjacencies will reduce the extra nursing costs attributed to the current multiple departments
- Recruitment and retention will be improved as working environments are enhanced for staff wellbeing – this will also improve absence levels and associated cost
- Patient access to the hospital will be improved
- Waiting times and backlog for elective surgery will be reduced
- Length of stay for key conditions will be reduced with faster assessments and diagnosis and improved efficiencies in patient flow
- There will be an overall improvement in population health as local people have better access to care. People with more complex conditions can be assessed and get timely referrals.

COMMERCIAL CASE

Procurement Strategy

For the proposed works for the preferred way forward of the scheme, the Project Board will agree a Procurement Strategy which will initially assess a wide range of potential options for securing a contractor and delivering the scheme. The procurement options available to are summarised below.

- Framework procurement (ProCure22) – the Department of Health and Social Care’s (DHSC) procurement framework for healthcare related projects.
- Non-framework procurement – Traditional tender or Design and Build tender.
- Traditional Procurement – UHBW manage the design and a construction partner is appointed for development.
- The chosen procurement route by UHBW will be confirmed OBC stage, currently the SOC options appraisal shows the preferred route as ProCure22/23.
- Delivering value for money will be one of the key criteria considered when selecting the most appropriate procurement strategies to deliver the proposed development. A further detailed summary of the routes the Project Board are considering at this stage are in the below sub-section.

ECONOMIC CASE

Options

In accordance with the Capital Investment Manual and requirements of HM Treasury’s Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the business case documents the wide range of options that have been considered that could deliver the agreed investment objectives for five categories of choice:



- Scope (service and geographical coverage).
- Solution (including services and required infrastructure).
- Service delivery (who will deliver the required services).
- Implementation (timing and phasing of delivery).
- Funding (type of funding for the investment).

The long list must include an option that provides the baseline for measuring improvement and value for money. This option is known as ‘Business as Usual’. It must also include a realistic ‘Do Minimum’ based on the core functionality and essential requirements for the project.

At SOC, the short list is then produced to be initially costed based on the current information available. From this short list a ‘preferred way forward’ (PWF) is identified.

A summary of the long list is shown below:

Project	Option 1 – BAU	Option 2 – Do Min	Option 3 – Intermediate 1	Option 4 – Intermediate 2	Option 5 – Intermediate 3	Option 6 – Intermediate 4	Option 7a – Do Max (shell)	Option 7b – Do Max
1. Service Scope <i>As outlined in Strategic Case</i>	Existing services stay as they are	Refurbish existing buildings/areas.	New build on Marlborough Hill site, linear shaped building	New build on Marlborough Hill site, creating a courtyard.	New build on Marlborough Hill site, building at front of site	Compact new build on Marlborough Hill site with street access	New build, - internal access to main hospital - use whole site available space	
	Carried forward	Carried forward	Carried forward	Carried forward	Carried forward	Carried forward	Preferred way forward	
2. Service Solution <i>In relation to the preferred scope</i>	Existing services stay as they are	Increase use of existing site	Changes to existing estate			Smaller new build on Marlborough estate	Large build on Marlborough estate – phased occupancy	Large build on Marlborough estate – full occupancy
	Carried forward	Carried forward	Discount			Carried forward	Carried forward	Preferred way forward
3. Service Delivery <i>In relation to the preferred scope and service solution</i>	NA	Current estates and facilities teams	Procure 2022/23 framework					
		Carried forward	Preferred way forwards					
4. Implementation <i>In relation to preferred scope, solution and method of service delivery</i>	NA	NA	3-4 year phased				5 years phased (flexible use)	
			Carried forward				Preferred way forward	
5. Funding <i>In relation to preferred scope, solution, method of service delivery and implementation</i>	NA	NA	NHS Capital					
			Preferred way forward					
Conclusion	Carried Forward	Carried Forward	Carried Forward	Discounted	Discounted	Discounted	Carried Forward	PWF

The options framework has been used to filter the options considered at the long-list stage to generate the potential short-list for the project, as illustrated below.



Options	Business as Usual	Do Minimum	Intermediate 1	Intermediate (less ambitious PWF)	Do maximum (more ambitious PWF)
Project Scope	Existing remains	Refurbish existing	Linear new build	New Build – use whole site	
Project Solution	Backlog maintenance	Increase use of current site	Smaller new build	Large build on MH with <u>phased</u> occupancy	Large build on MH with <u>full</u> occupancy
Service Delivery	N/A	Current Estates and Facilities	P22/23		
Project Implementation	N/A	N/A	3–4 year phased	5 <u>year</u> phased (flexi use)	
Project Funding	N/A	N/A	NHS Capital		

Economic Appraisal

- Option 1 is based on a pro rata cost for 7,131m², of the total UH Bristol estate 180,000m² (approx. 4%), multiplied by total UH Bristol ‘Estates Backlog Maintenance’ capital allocation (£57.6m), which equates to £2.28m.
- Option 2 includes estimated refurbishment costs for all areas in scope provided by the Trust Cost Advisor (£71.6m), based on 7,131m² at c.£10k per m².
- Option 3 includes the estimated refurbishment as per option 2 (7,131m²), with an additional limited new build of 4,735m², which is approx. 25% of the full new build option 7b. The approx. value of the additional 4,735m² new build is £48.3m.
- Option 7a and 7b are a replacement new build covering the same footprint of 18,939m². 7a includes fully completed construction with phased fit out, however 7b (preferred way forward) includes full construction with complete fit out for services.

Capital Costs are shown in the table below (£000’s)



Functional floor space req. m ²	Incremental approach to options cost development			Individual new build options	
	7,131m ²	7,131m ²	11,866m ²	18,939m ²	18,939m ²
	Option 1 BAU; Backlog maintenance	Option 2 Do Min; Refurb all areas	Option 3; Do Min + small new build	Option 7a; Do Max (shell + phased fit out new build)	Option 7b; Do Max PWF (full fit out new build)
Construction	N/A	24,067	47,674	79,061	94,430
Fees	N/A	4,813	8,496	12,477	14,729
Non works	N/A	481	953	1,581	1,889
Equipment costs	N/A	5,671	7,779	8,432	8,432
Planning contingency	N/A	5,255	7,943	9,140	10,753
Construction Subtotal	N/A	40,287	72,845	110,691	130,232
Optimism bias	N/A	6,043	8,973	9,962	11,721
Inflation adjustment & Pubsec uplift	N/A	14,188	19,545	18,212	21,427
Inflation & Opt Bias Subtotal	N/A	20,231	28,518	28,174	33,148
Total (Ex VAT)	N/A	60,518	101,363	138,865	163,379
VAT	N/A	11,141	18,573	25,278	29,730
Estimated BLM costs	2,280	-	-	-	-
Total (Incl. VAT)	2,280	71,659	119,936	164,143	193,109

The Preferred Way Forward (PWF)

PWF has been identified as 'Option 7b', involving a new build utilising all available space on the Marlborough Hill site, with full service occupancy, using ProCure23 framework, in 5 year using NHS Capital Funding (capital investment required £193.1m, for 18,939m²). This PWF is the maximum build option which will be fully tested along with other options, including scope for phased development, at OBC stage.

The SOC identified option 7b as the PWF based on the functional content and capacity requirements identified in the prior business cases and corroborated in the feasibility study in 2020. . It is acknowledged that more recent system-wide initiatives surrounding provision of elective care (BNSSG Elective centre, Healthy Weston 2, Healthy UHBW) are likely to influence these requirements as we progress to the next stages of design. These revised requirements will be incorporated into the OBC when detailed design based on demand and capacity for the relevant clinical services and schedules of accommodation will be further explored along with funding availability and further involvement with the ICS.



Recurring Revenue costs are yet to be fully scoped however indicative costs have been sourced for the functional departments based on 2021/22 BAU costs, while ERIC data for the Trust has been used to derive annual costs by floor area for ancillary services.

Total recurring revenue has been estimated per annum as:

- Option 1 & 2; £43.3m
- Option 3; £56.2m
- Option 7a & 7b; £64.2m

FINANCE CASE

Affordability

Delivery of the preferred way forward requires capital investment of £193.1m and is assumed to be funded through national capital programmes. In a scenario where national capital funding is only partly available, or not available at all, then the BNSSG ICS and its partner organisations will need to undertake system prioritisation of providers strategic capital investment plans and subsequently agree the allocation of system CDEL and the use of provider cash funding.

The current and medium-term financial position of the ICS, with a recurrent deficit of c.£76m, means recurring revenue affordability is very challenging. However, should the scheme secure the full support of the ICB, operating costs are expected to be met by the ICB. Initial findings suggest this will result in a net incremental increase in costs of c.£26.7m, which includes revenue charges of £20.8m and capital charges of annual depreciation of £3.3m and average annual PDC charges of £2.6m. Annual depreciation of £3.3m may be mitigated by savings on the redevelopment of existing buildings, this will be explored in further detail at OBC stage.

MANAGEMENT CASE

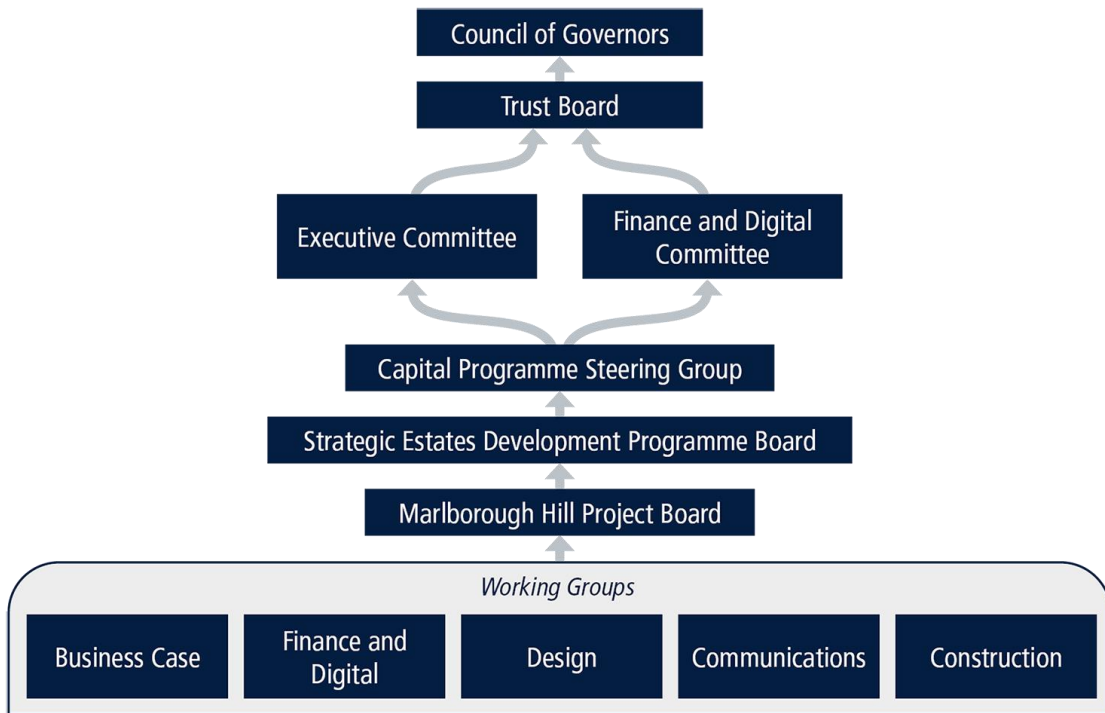
The programme will be managed in accordance with PRINCE 2 methodology. The Strategic Estates Development Programme Board (SEDPB) has the responsibility to drive forward and deliver the outcomes and benefits of this development.

Members will provide resource and specific commitment to support the Programme Director to deliver the outline deliverables.

Project teams/working groups will feed monthly reports to the Project Manager, who will submit the monthly report for Project Board and SEDPB. These reports will include progress to date, expected progress for forthcoming weeks, decisions required, key issues/red flags, progress against project milestones. The figure below shows the management structure for the SOC stage of the development.



The reporting structure of this scheme is as follows:



Key project milestones are currently outlined in the construction programme as:

Key Deliverables	Date From/To
1. SOC submission to ICB/ICS	Dec 2022
2. SOC submission to NHSE	Jan 2023
3. SOC submission to HM Treasury	Aug 2023
4. OBC submission for internal Trust approval	Aug 2023
5. OBC submission to ICB/ICS	Sept 2023
6. OBC submission to NHSE	Nov 2023
7. OBC submission to HM Treasury	May 2024
8. FBC submission for internal Trust approval	Dec 2024
9. FBC submission to ICB/ICS	Jan 2025
10. FBC submission to NHSE	Mar 2025
11. FBC to HM Treasury	Sep 2025
12. Construction Start	Apr 2026
13. Construction end & Commissioning	Mar 2029



Next Steps

- ‘Preferred way forward’ option 7b to be further investigated with clinical and operational teams as part of the Healthy UHBW work underway. This will assess the impact on the scope and scale of the PWF of more recent system-wide initiatives surrounding provision of elective care (BNSSG Elective centre, Healthy Weston 2).
- The OBC development will engage ICB partners to specifically develop an integrated approach to the design of the urgent and emergency care clinical model and will reflect the joint clinical strategy currently in development by UHBW and NBT
- Workforce planning will be a core factor in developing the OBC
- Further costings, particularly costed benefits and costed risks to be completed
- Funding and procurement strategy to be investigated further
- ‘Letter of support’ required from ICS/ICB to submit to NHSE/HMT (Dec 2022)
- Top/key benefits to be confirmed for costing to inform the CIA (asap)
- CIA to be completed prior to NHSE/HMT submission (start asap, complete by Dec 22)

2. Key points to note
(Including decisions taken)

Remaining key areas to be completed within the SOC:

- CIA (Comprehensive Investment Appraisal) to be completed prior to NHSE/HMT submission
- Key/top 10 benefits of the scheme to be confirmed for costing; to enable completion of the CIA model
- ICS support in writing to be confirmed.

3. Risks
If this risk is on a formal risk register, please provide the risk ID/number.

The key risks associated with this scheme are:

1. National Capital Programme funding is the preferred way forward, however, there is a high level of risk this will not be granted;
2. The recurring revenue may not be affordable for the Trust or the ICS going forward;
3. If there was a delay in construction start, then this could push construction costs up, potentially making the scheme unaffordable.
4. System level capacity and demand assessment does not align with development proposals

4. Advice and Recommendations
(Support and Board/Committee decisions requested):

- This report is for **Approval**.
- The Council of Governors is asked to APPROVE the SOC



5. History of the paper Please include details of where paper has previously been received.	
Meeting of the Board of Directors in Public	13th December 2022
Marlborough Hill Project Board	9th November 2022
Strategic Estates Development Programme Board	10th November 2022
CPSG	17th November 2022
Executive Committee	23rd November 2022
Finance & Digital Committee	24th November 2022



Meeting of the Council of Governors on 13 December 2022

Report Title	Item 3.1 - Nominations and Appointments Committee Report
Report Author	Emily Judd, Corporate Governance Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

This report provides a summary of the recent business of the Governors' Nominations and Appointments Committee and asks governors to approve an appointment to the Committee.

This is a formal Committee of the Council of Governors to enable governors to carry out their duties in relation to the appointment, re-appointment, removal, remuneration and other terms of service of the Chair and Non-executive Directors.

2. Key points to note

There are three items that require the approval of the Council of Governors as recommended from the Nominations and Appointments Committee:

1. Appointments to the Committee – APPROVAL ITEM

According to the Nominations and Appointments Committee's Terms of Reference, there should be up to 14 governors on the committee: 8 public governors, up to 3 staff governors and up to 3 appointed governors.

Khushboo Dixit, Public Governor, stepped down from the Committee and the Council of Governors in September 2022. Since Khushboo only took this role up in August 2022 and John Sibley had expressed an interests at the same time, the Corporate Governance Team approached John Sibley to fill this vacancy. John accepted this proposal. **The Council of Governors is therefore asked to approve John Sibley's appointment to the committee.**

2. Change of Terms of Reference – APPROVAL ITEM

During the Council of Governor's meeting on Tuesday 9 August 2022, it was proposed a change to the Terms of Reference to allow additional members to join the Committee. The Terms of Reference have since been updated and to read 'up to 3 staff Governors and up to 3 Appointed Governors' can join the Committee. **The Council of Governors is therefore asked to approve the updated Terms of Reference.**

3. Non-Executive Director and Chair Remuneration Annual Review – APPROVAL ITEM

The Committee discussed the Non-Executive Director and Chair Remuneration Annual Review - the last review was completed in December 2021. It is proposed that the



basic Trust Chair remuneration and the basic Non-Executive Director remuneration be increased by 3%. It is also proposed that the additional allowance for Non-Executive Directors who take on Committee Chair responsibilities be increased by the same amount. This is in line with the same uplift that Executive Senior Managers received for the financial year 2022-23 and took into account the rise of the cost of living, which other similar-sized Trusts had also considered this year after reviewing benchmarking data. **The Council of Governors is therefore asked to approve the increase to the Non-Executive Directors and Chair remuneration.**

4. Report of meeting on 17 November 2022 – TO NOTE FOR INFORMATION

There has been one meeting of the Nominations and Appointments Committee since the previous Council of Governors meeting. The meeting was on 17 November 2022 and was attended by 7 Committee members. Mo Phillips, Lead Governor, chaired the meeting for the item relating to the Non-executive Director remuneration, and Jayne Mee, Chair, chaired all other items. The following items were discussed:

- **Non-executive Director Activity Reports:** The Committee received and discussed the activity reports from all serving NEDs, and suggestions on changes to the template was discussed. Conversation was also held around the recruitment of NEDs and ANEDs that would be required in 2023.
- **Review of Standard Operating Procedure for Recruitment of Chair and Non-executive Directors:** The Committee approved the Standard Operating Procedure changes that had been made and agreed that it could be reviewed after the next round of recruitment if required.
- **Review of Terms of Reference:** The Committee agreed the changes to the Terms of Reference and for them to be presented to the Council of Governors for approval.

Next Meeting: 4 May 2023.

3. Recommendations requiring Council of Governors approval

The Council of Governors is asked to:

- **Approve** the appointment of John Sibley to the Nominations and Appointments Committee.
- **Approve** the Terms of Reference
- **Approve** the Non-Executive Director and Chair Remuneration Annual Review for 2022-23
- **Note** the report of the meeting on 17 November 2022.



Meeting of the Council of Governors on Tuesday 13 December 2022

Report Title	Governor Activity Report and Membership Forward Look
Report Author	Emily Judd, Corporate Governance Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

This report provides a summary of governor activity since the last Council of Governors meeting, to provide assurance that governors are carrying out their statutory duties, particularly their duty to hold the Chair and Non-Executive Directors to account.

It includes an activity summary for the three main groups through which the governors carry out most of their work (the Governors' Strategy Group, the Quality Focus Group and the Membership and Constitution Group), and any other governor activity in the period.

2. Key points to note

(Including decisions taken)

Since the last Council of Governors meeting on 9 August 2022, six Governors have left the Council of Governors. It was decided to hold four seats vacant until the Council of Governors Elections due to take place in March – May 2023. We have had two new Appointed Governors join (details below) and so there are currently 25 Governors, over half of which are elected by Members of the Public Constituency.

New Appointed Governors:

Libby Thompson has been appointed as Appointed Governor for the University of the West of England from 18 November 2022 to replace Dave Clarke who has stepped down.

Councillor Fi Hance has been appointed as Appointed Governor for Bristol City Council from 2 December 2022 to replace Barry Parsons who has stepped down.

GOVERNOR MEETINGS

Governor Group Reports: Most governor work is carried out through three Governor Groups, the Quality Focus Group, the Governors' Strategy Group, and the Membership and Constitution Group. Each group receives reports from each of the Non-Executive Chairs of the Board Committees to allow governors to keep abreast of the Board's current areas of focus and to enable them to carry out their statutory duty to hold Non-Executive Directors to account.

1. Quality Focus Group



Two meetings were held in this period on 8 September 2022 and 17 November 2022.

Agenda items included:

- Outpatients Review
- Chief Nurse and Midwife Update
- Staff Engagement/Organisational Development update – Staff Survey and Bullying and Harassment
- Education Strategy Update
- Quality and Outcomes Committee Chair's Report
- People Committee Chair's Report
- Review of Corporate Quality Objectives – focus on EDI
- National Cancer Patient Experience survey results 2021

The next meeting of the Quality Focus Group will be held on 13 January 2022.

2. Governors' Strategy Group

One meeting was held in this period, on 8 September 2022, attended by 7 governors.

Agenda items included:

- Weston Updates
- Partnership Updates
- Digital Strategy Update
- Finance and Digital Committee Chair's Report

The next meeting of the Governors Strategy Group will be held on 22 December 2022.

3. Membership and Constitution Group

There were no meetings of the Membership and Constitution Group since the last report.

The next meeting will be on 17 January 2023.

Other governor meetings and activity in the period included:

Governor/NED Engagement Sessions: Governors hold regular informal engagement meetings with the Chair and Non-Executive Directors to allow them to seek assurance around any topics of interest to assist them in their duty to hold them to account. There were two sessions in this period, held on 26 August 2022 and 27 October 2022. Governors heard from the Chair and the NEDs about their current areas of focus, including the Integrated Care System, issues relating to the Boots Pharmacy, staffing levels, discharge of patients, cost of living increases, travel costs for staff, outcomes of some PLACE assessments undertaken by Governors, transition of care from child to adult services, South Bristol Community Hospital, winter pressures and care service providers.

Governor Development Seminars: The Trust has a duty to provide its governors with training for their role, and so holds regular seminar days for governors. A seminar day was



held on 30 November 2022, which had been postponed from 19 October 2022, covering the a Welcome from the Corporate Governance Team, Governor Role and Responsibilities, ICS and ICB context setting, Introduction of the new IQPR, Addendum to Statutory Duties update and an introduction from the Chair of the ICB and CEO of the ICS.

Staff Governor meeting: Staff Governors met on 29 October 2022 with the Chief Executive and Chief People Officer. Discussions included how to provide more visibility of the Staff Governors, issues with systems, car parking and details about industrial action.

Health Matters Events: Governors have joined three Health Matters Events held during this quarter on Healthier Together @ Home, Waiting Well and Ask an Obstetric Anaesthetist.

Public Board meetings: A number of governors watched in person and livestreamed meetings of the Board of Directors on 11 October 2022, to observe the Board conducting their business.

Membership Team Forward Look: Over the next quarter, The Governors will have a variety of meetings (Governors' Strategy Group, Quality Focus Group and Membership and Constitution Group), a Governor Development Seminar and a Non-executive Director Engagement session.

The Corporate Governance Team will be briefing the Governors on the next round of Elections due to start in March 2023, as well as any Health Matters Events that will be planned and spending some time on engagement with the members of the Trust. The team will also start planning to refresh the Membership Strategy for the next three years.

Meeting dates 2023/2024: All meetings for 2023 and 2024 have now been released and are attached to this report as Appendix A. Governors are asked to note these dates and be advised that invitations to these meetings will be sent electronically over the course of December.

Advice and Recommendations

- The Council of Governors is asked to **note** this update for information

Meeting Dates 2023/2024

Council Of Governors

3.2. Governor and Membership Forward Look – including meeting dates for 2023-24

Month of Meeting	Bank holidays/ school holidays	Trust PUBLIC Board	Council of Governors	Governors/ NED Engagement Session	Nominations and Appointments Committee	Quality Focus Group	Membership and Constitution Group	Governors Strategy Group	Governor Development Seminar	Staff Governor Meetings
Time				Govs- 11.30-13.45 NEDs- 12.45-13.45	12.30-14.00	10.00-12.00	13.30- 15.30	13.30-15.30	10.00-16.00	10.00-11.00
Apr-23	7 Apr 10 Apr 3-14 Apr	Tue 18 Apr LT2&3, Ed Ctr	Tue 18 Apr						Thu 13 Apr	
May-23	1 May 29 May 29 May-2 June			Thu 25 May	Thu 4 May Conference Room, THQ	Thu 4 May Conference Room, THQ		Thu 4 May 14.30-16.30 Conference Room, THQ		
Jun-23		Thu 15 Jun City Hall	Thu 15 Jun						Tue 13 Jun	Thu 22 Jun
Jul-23	24 July-2 Sept			Tue 25 Jul		Tue 4 Jul Conference Room, THQ	Tue 4 Jul Conference Room, THQ			
Aug-23	28-Aug			Tue 22 Aug						
Sep-23		Tue 12 Sep City Hall	Thu 21 Sep AMM (5-7pm)			Thu 7 Sep Conference Room, THQ		Thu 7 Sep Conference Room, THQ		Thu 21 Sep
Oct-23	23-27 Oct	Tue 10 Oct Lecture Theatre, WGH	Tue 10 Oct						Wed 11 Oct	
Nov-23				Thu 30 Nov	Tue 7 Nov Online	Tue 7 Nov Online				
Dec-23	25 Dec 26 Dec 18 Dec-3 Jan			Tue 19 Dec				Tue 19 Dec 14.30-16.30		Thu 21 Dec
Jan-24	01-Jan	Tue 9 Jan LT2&3, Ed Ctr	Tue 9 Jan			Thu 11 Jan Conference Room, THQ	Thu 11 Jan Conference Room, THQ		Wed 17 Jan	
Feb-24	12-16 Feb	Tue 20 Feb LT2&3, Ed Ctr								
Mar-24	29 Mar 1 Apr 29 Mar-12 Apr			Tue 19 Mar		Tue 5 Mar Conference Room, THQ		Tue 5 Mar Conference Room, THQ		Thu 21 Mar
Frequency		Bi-Monthly	4x per year	6 per year	Twice a Year	Bi-monthly	Twice a Year	4x per year	4x per year	4x per year
Venue		TBC	As per Public Board meetings	Virtual	As per notes	As per notes	As per notes	As per notes	Conference Room (CR)	Various
Chair		Jayne Mee	Jayne Mee	Jayne Mee Face-to-Face Meeting, Conference Room, THQ	Jayne Mee	Carole Dacombe	Mo Phillips	Malcolm Watson	Emily Judd	Eugine Yafele



Meeting of the Council of Governors on Tuesday 13th December 2022

Report Title	Governors' Log of Communications Report
Report Author	Emily Judd, Corporate Governance Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary	
<p>The purpose of this report is to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications is a means of channelling communications between the governors and the officers of the Trust.</p>	
2. Key points to note	
<p>Since the previous Board of Directors meeting held in public on 11th October 2022:</p> <ul style="list-style-type: none"> • Three questions have been added to the Governors' Log which relate to Unity Sexual Health, Cancer Services and Lack of Surgical Implements. • One has been closed; and • Two have been responded to, but further questions have been asked and so these remain open (ID numbers 269 and 271). 	
3. Risks	
If this risk is on a formal risk register, please provide the risk ID/number.	
N/A	
4. Advice and Recommendations	
<ul style="list-style-type: none"> • This report is for Information. 	
5. History of the paper	
Please include details of where paper has previously been received.	
Board of Directors in Public	13/12/2022

ID **Governor Name**
274 Karen Low

Theme: Lack of Surgical implements

Source: From Constituency/ Members

Query **11/11/2022**

Staff are reporting a high instance of sterilised surgical implements either not returning or returning still soiled – which puts delays on surgery while new packs are found. Are the Executives and Non-executives aware of the issues relating to the Central Sterile Services Department and what is being done to mitigate the impact this is having on the Theatre teams that are unable to complete surgeries due to lack of equipment?

Division: Surgery, Head & Neck

Executive Lead: Chief Nurse

Response requested: 09/12/2022

Response

Status: Assigned to Executive Lead

Query **09/11/2022**

There was an article in the paper yesterday:

https://www.express.co.uk/life-style/health/1687614/cancer-referrals-nhs-uk-healthcare-trusts-news?utm_source=daily_express_newsletter&utm_campaign=express_health_newsletter2&utm_medium=email

Some lowlights (wouldn't call them highlights!):

oThe 12 month rolling average of Trusts not hitting the targets stands at 84 out of 117. I am not sure if this is the amount of trusts in the UK or in England, more likely.

oAround 7 in 10 NHS Trusts are failing to hit the target for seeing patients for suspected cancer.

oThe best performing Trusts, consistently achieving the targets are: Calderdale and Huddersfield, East Kent Hospitals University and Portsmouth Hospitals University. All hit 93%, not failing once.

My two questions to Jane are:

oHow are UHBW Cancer Services doing in terms of referrals?

oHow can we learn from the 3 Trusts that are successful in this area?

We all know that for the best outcome of any type of cancer is early intervention. I do believe that all trusts can learn from each other, where one trust is excelling and others are falling short. This is by no means a criticism of our trust or any other, I believe that we may operate as individual trusts but we are also one NHS serving our local population, up and down the country as the National Health Service. I look forward to your reply.

Division: Trust Services

Executive Lead: Chief Operating Officer

Response requested: 09/12/2022

Response

Status: Assigned to Executive Lead

Query 09/11/2022

It would appear that Unity Sexual Health is the responsibility of UHBW in partnership with NBT and at least five other organisations. Is UHBW solely responsible for the day to day running of the service and how do the partners support and influence the service? Is there a well published patient feedback process that is discrete? Is any feedback included within the UHBW Patient Experience team brief and reports?

Division: Medicine**Executive Lead:** Chief Nurse**Response requested:** 07/12/2022**Response****Status:** Assigned to Executive Lead**Query** 01/09/2022

Currently the trust appears to have a number of unfilled shifts each day, whilst also providing a number of extra capacity beds. With this in mind, how are safe levels of patient care being measured? Can the Governor's be reassured that the trust is able to provide safe patient care?

Division: Trust-wide**Executive Lead:** Chief Nurse**Response requested:** 29/09/2022**Response** 04/10/2022

Deirdre Fowler and Sarah Dodds will be attending the next Quality Focus Group with the Governors to provide information on how the Trust is managing safe levels of care for our patients. Levels of staffing are monitored on each shift and escalated where appropriate with staffing mitigations put in place to ensure patients are cared for as safely as possible. The staff are extremely focussed on looking after patients and flexible on working patterns and locations to assist the Trust in providing safe care.

Status: Assigned to Governor Working Group Agenda

Query **01/09/2022**

How are the NEDs assured the contract with Boots Pharmacy is upheld to the agreed service level agreements (SLAs) and key performance indicators (KPIs)?

Division: Diagnostics & Therapies**Executive Lead:** Medical Director**Response requested:** 29/09/2022**Response** **28/09/2022**

Boots are contracted to provide an outpatient dispensing service for UHBW patients (Bristol Hospitals).

The service performance is reviewed at monthly operational review meetings (attended by representatives from Boots and Trust). During these meetings we review:

- KPI for the month and trends over the last quarter
- Discuss any patient complaints and incidents
- Agree and review actions to address any shortfalls in performance
- Discuss any opportunities for improvement/ development

The service standard is measured by a set of agreed key performance indicators and shortfalls in performance are addressed in line with the contract. A critical failure clause is built into the contract enabling the Trust to claim reimbursement where it is felt Boots are not taking the required action to address shortfalls in performance. Actions have been put in place to address some current shortfalls in performance and in preparedness for Winter 2022/23, based on lessons learned from last year, we have set up live status monitoring to enable us to take early preventative action to tackle any areas of concern developing.

Status: Closed

Query **03/08/2022**

How confident is the Trust about the quality of data it holds about patient contact details? Are there measures it could be taking which could improve this, and maybe help reduce the number of no-shows?

Division: Trust-wide**Executive Lead:** Chief Operating Officer**Response requested:** 01/09/2022**Response** **02/09/2022**

The Trust Data Quality Improvement Group was established in the Spring of 2022 to review our approach to data quality and develop a future strategy for improvement. The group receives reports monthly on the validity and completeness of the information captured for outpatients and inpatients and it is encouraging to see that patient post codes were at 99.9% and 100% respectively in the latest reports. This was from the Commissioning Data Set Data Quality Dashboard. However, the accuracy of the information heavily relies on the users of clinical systems regularly syncing patient records with the national spine. The Spine supports IT infrastructure for thousands of health and care organisations nationally, and is used by the Trust to pull patient information including addresses before patients are seen by the Trust, but also push information if it changes whilst the patient is on the caseload.

The UHBW Clinical Systems Support Office undertake monthly Data Quality reports for Weston and Bristol, where records are synced with the Spine so the patient record is updated.

In Weston if any changes are made to the patient demographics by Weston staff in Careflow EPR the information is returned to the spine and the spine record updated accordingly. In Bristol a similar approach is used where batch tracing and verification takes place to update patient records. If any results are not verified, or there are any unresolved conflicts in information held, then these are escalated to the relevant department to resolve.

These are the main safety nets in place to ensure correspondence is targeted to the right people. We are also rolling out the DrDoctor Patient Engagement Platform which is a key part of our strategy to reduce DNA appointments by putting patients in charge of their care, including any changes in how they wish to be contacted.

Status: *Assigned to Executive Lead*